

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2		/					52				
3		2					53				
4		2					54				
5		1					55				
6		/					56				
7		3					57				
8	/						58				
9		/					59				
10		2					60				
11		/					61				
12		/					62				
13		2					63				
14		2					64				
15		/					65				
16		2					66				
17		/					67				
18		/					68				
19		/					69				
20		/					70				
21		/					71				
22		/					72				
23		/					73				
24		/					74				
25		/					75				
26		3					76				
27	/						77				
28		/					78				
29	/						79				
30		/					80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	4						TOTAL IND.				
TOTAL DEP.	36						TOTAL DEP.				
TOTAL CLAIMS	40						TOTAL CLAIMS				